								SERIAL NO.				FILING DATE		
MULTIPLE DEPENDENT CLAIM														
	FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							APPLICANT(S)						
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	AETED			CLAIMS AFTER			*		*		1*			
	· AS FILED		1st AMENDMENT		2nd AMENDMENT						ļ			
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TOTAL	s 10		31	100				CLAIM	s [777.00		140 200	9168	10000000

 * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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FORM **PTO-1360** (REV. 3-78)